FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 19 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****225.00 ****225.00

DOCUMENT # J26908 (0)

1. Corporation Name

D.D.E.B. INC

Principal Place of Business	Mailing Address
8521 Wythmere Lane Orlando, FL. 32835-2510	8521 Wythmere Ln. ORLANDO, FL. 32835-2510

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1986
3a. Date of Last Report: 05/18/94

2. Principal Place of Business	2a. Mailing Address
21 11433 HARDER RD.	26 11433 HARDER RD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CLERMONT, FL.	28 City & State: CLERMONT, FL.
24 Zip: 34711 25 Country: LAKE	29 Zip: 34711 30 Country: LAKE

4. FEI Number: 59-2774552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOGAN, ELAINE C.
8521 WYTHMERE LANE
ORLANDO, FL. 32835

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11433 HARDER ROAD
83
84 City: CLERMONT FL 85 Zip Code: 34711

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Elaine C. Hogan 5/23/95
(Signature required for printed name of registered agent and officer or director) (NOTE: Registered Agent signature required when designating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/C	11 TITLE	P/C/S/T	☒ Change ☐ Addition
NAME	HOGAN, ELAINE C.	12 NAME		
STREET ADDRESS	8521 WYTHMERE LANE	13 STREET ADDRESS	11433 HARDER ROAD	
CITY ST ZIP	ORLANDO, FL	14 CITY ST ZIP	CLERMONT, FL. 34711	
TITLE	V/D	21 TITLE		☒ Change ☐ Addition
NAME	HOGAN, BRIAN J.	22 NAME		
STREET ADDRESS	8521 WYTHMERE LANE	23 STREET ADDRESS	11433 HARDER ROAD	
CITY ST ZIP	ORLANDO, FL.	24 CITY ST ZIP	CLERMONT, FL. 34711	
TITLE	S/T/D	31 TITLE		☒ Change ☐ Addition
NAME	RIGDON, DEBORAH A	32 NAME		
STREET ADDRESS	RT1 BOX 204A	33 STREET ADDRESS	NO LONGER AN OFFICER	
CITY ST ZIP	HILLSBORO, KY	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP	T.S. 6/19/95	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption/confidentiality (Section 119.07(3)(i), Florida Statutes). I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine C. Hogan 5/23/95 904-394-1479
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Telephone Number)